



**STATE OF TENNESSEE
OFFICE OF CHILD SUPPORT ENFORCEMENT**

APPLICATION FOR SERVICES INFORMATION

It is this agency's desire to act in the best interest of you and your children at all times. Therefore, we want to give you some important information regarding how your case will be handled.

INFORMATION YOU NEED TO KNOW

- *You must notify us immediately if you move or change your telephone number.*
- Your cooperation is required.
- You must return any money sent to you in error.
- You must notify us in writing if you wish to cancel services.

WE CAN ATTEMPT TO:

- locate a parent whose whereabouts are unknown,
- establish paternity of a child,
- establish and enforce court orders for child support payments and/or medical insurance,
- review and modify child support orders, and
- collect child support through income tax refund intercept and other enforcement actions.

WE CANNOT:

- guarantee that our attempts to establish or enforce child support will be successful,
- handle matters that are not related to child support such as: divorce, visitation or custody disputes, or
- give your case priority over the many other cases we have.

AFTER WE RECEIVE YOUR COMPLETED APPLICATION, WE WILL:

- review your case,
- decide the proper action to take on your case, and
- make every effort to provide the needed service.

IN ADDITION

- We will contact you if additional information is needed from you, to inform you of appointments and court hearing dates, and to keep you informed of the status of your case.
- Your signature on the application form indicates your agreement that we may close your case if you do not cooperate and that the agency may file a legal action in your case.
- Our attorneys represent the State of Tennessee. They will help provide you with child support services, but do not represent you or any other individual.
- Case information will be given out only for child support purposes.

**State of Tennessee
Department of Human Services
Information Gathering Letter**

NOTE: Each individual's Social Security Number (SSN) is a critical part of case processing. It is possible that the SSN for yourself and the children will be needed to file interstate Child Support enforcement actions and to enroll children as beneficiaries of health insurance coverage and may be released to the other parent. SSN information on the non-custodial parent is necessary for proper identification for locating the parent(s) and submitting cases for the IRS Tax Refund Offset Program.

This information is to be provided by any applicant, regardless of whether you are the caretaker or the non-custodial parent of the children. *If you are the caretaker*, information about yourself is entered in Section II and information about the non-custodial parent is entered in Section III. *If you are the non-custodial parent*, the information about the caretaker is given in Section II and information about yourself is given in Section III.

I. Information about the applicant for Child Support services:

1. Are you the ☐ **caretaker** (the person with whom the children live), or the ☐ **non-custodial parent** (person without physical custody), of the child(ren) for whom services are requested?
If you are the *non-custodial parent*, are you applying for ☐ review and modification of your support order or ☐ to establish paternity for a child?

Note: Any application for Child Support services will result in this agency taking action as needed to enforce support obligations.

2. Are you under age 18 and unmarried? ☐ Yes ☐ No If yes, please give information on your parent or guardian:

Name, Last: _____ First: _____ Middle: _____

Address: _____ Phone number: _____

City: _____ State: _____ ZIP: _____

3. Do you wish for this case to be managed in a county/office other than the one in which you live? ☐ Yes ☐ No If yes, please indicate the county:

FOR STATE USE ONLY

Foster care worker name: _____ Phone: _____

Approval date: _____ Social Services Number: _____ IVE Case Number _____

II. Caretaker Information

If you are the caretaker of the children, please provide the following information about yourself. If you are the non-custodial parent, please complete this section with information about the caretaker.

1. Name, Last: _____ First: _____ Middle: _____

Maiden: _____

2. What is the caretakers' relationship to the dependents? (mother/father/grandmother/etc.) _____

Information about the caretaker continued:

3. **Mailing** address: _____ Phone number: _____

City: _____ County: _____

State: _____ ZIP: _____

4. **Living** address: _____ Phone Number: _____

City: _____ County: _____

State: _____ ZIP: _____

5. Date of birth: ____/____/____ **Social Security Number:** ____-____-____ Sex: _____

6. Employer Name: _____ Phone Number: _____

7. Has the caretaker ever been married to the non-custodial parent? ☐ Yes ☐ No If yes, please provide any of the following information that applies:

Marriage Date (if applicable): _____ County: _____ State: _____

Divorce Date (if applicable): _____ County: _____ State: _____

Separation Date (if applicable): _____ County: _____ State: _____

8. Is any other agency or attorney involved in pursuing Child Support at this time? ☐ Yes ☐ No Phone number: _____

If yes, give agency/attorney name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Is there currently any legal action pending? ☐ Yes ☐ No If yes, please describe the pending action: _____

Please answer only if you are the caretaker applying for services:

9. Do you wish to pursue an order which contains medical insurance for these children? ☐ Yes ☐ No

10. Are you or have you ever received AFDC or Medicaid benefits? ☐ Yes ☐ No If yes, from date: _____ to date: _____
Were benefits received in Tennessee? ☐ Yes ☐ No Please give the state if other than Tennessee: _____

11. Please give the name of a contact person if we are unable to reach you at home: _____

Relationship: _____ Phone number: _____

III. Non-Custodial Parent Information

If you are the non-custodial parent, please provide the following information about yourself. If you are the caretaker, please provide the following information about the non-custodial parent of the children. If you are applying for support from more than one non-custodial parent, you will need to complete a separate application on each non-custodial parent. If different persons could potentially be the father of the same child, please make a note of that in Section V, Page 5 of this application.

1. Name, Last: _____ First: _____ Middle: _____

Maiden (if applicable): _____

2. Alias/nicknames, Last: _____ First: _____ Middle: _____

Information about the non-custodial parent continued:

3. What is the non-custodial parent's relationship to the dependents? ☐ Father ☐ Mother

4. Telephone number: _____

5. Current or last known **mailing** address: _____

City: _____ State: _____ ZIP: _____

If you are **sure** this is a good address, please indicate: ☐ Yes ☐ No

6. Current or last known **living** address: _____

City: _____ State: _____ ZIP: _____

If you are **sure** this is a good address, please indicate: ☐ Yes ☐ No

7. Self employed? ☐ Yes ☐ No In what occupation? _____

8. Current employer's name: _____ Phone number: _____

Address: _____

City: _____ State: _____ ZIP: _____

9. Previous employer's name: _____ Phone number: _____

Address: _____

City: _____ State: _____ ZIP: _____

10. Does the non-custodial parent have health insurance? ☐ Yes ☐ No If yes, please provide the following information if possible:

Group number: _____ Policy number: _____

Insurance company name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Is health insurance available through the employer? ☐ Yes ☐ No

11. Non-custodial parent general information

<i>Social security number</i>	Birthplace (city/county/state)	Date of birth
Approximate age	Drivers license number (include state)	Sex
Race	Height	Weight
Hair color	Eye color	Photograph provided?
Give any distinguishing marks	Give any known disabilities	Other information

Information about the non-custodial parent continued:

12. Is the non-custodial parent currently in ☐ jail ☐ or prison? If yes, please provide the following information:

Name of the institution: _____ Expected release date: _____

Address: _____

City: _____ State: _____ ZIP: _____

13. Is this non-custodial parent on ☐ probation ☐ parole? If yes, please provide the following information:

Parole or probation officer name: _____

Address: _____ Phone number: _____

City: _____ State: _____ ZIP: _____

14. Has the non-custodial parent ever served in the armed forces? ☐ Yes ☐ No If yes, which branch? _____

Dates of service: From: _____ To: _____ Is the non-custodial parent retired military or in the reserves? ☐ Yes ☐ No

15. Does the non-custodial parent receive any federal or other benefits (social security, SSI, VA, retired military, etc.)? ☐ Yes ☐ No

If yes, provide source (1): _____ Approximate monthly income amount: _____

source (2): _____ Approximate monthly income amount: _____

source (3): _____ Approximate monthly income amount: _____

14. Non-custodial parent's asset information:

Car/truck make	Color	Model
Year	License plate number	State
Bank accounts:	Real estate:	Other assets:

15. Other contacts for the non-custodial parent (please give all information available, even if it is incomplete):

Mother's first/middle/maiden/last name	Telephone number
Address/City/State	ZIP
Father's first/middle/last name	Telephone number
Address/City/State	ZIP
Friend or other relative's first/middle/last name	Telephone number
Address/City/State	ZIP

IV. Court Order Information

1. Is there a court order for Child Support for the child(ren) for whom Child Support services are requested? ☐ Yes ☐ No Please provide any information you have on existing court orders and attach copies of orders and payment records if available.

Name of court issuing order	Date of order
Docket/case number	County/State
How are payments made: through court/IV-D agency/directly to caretaker	Payment due date
Payment frequency: ordered to pay weekly/ monthly/other (specify)	Amount of support ordered
Date and amount of last payment/collection	Amount of arrearage

V. Please use the area below to note any additional information about your case that may be needed by the department including the names of any other possible fathers of the child(ren) for whom you are applying:

VI. Information about the children:

Please complete the following information for each child of the non-custodial parent listed in this application. Attach additional sheets if needed:

1. Child's name, last: _____ first: _____ middle: _____

Social Security Number: _____ Date of Birth: _____

City/county/state of birth: _____

Were the parents married to each other at the time of birth? ☐ Yes ☐ No

Was the mother married to another person at the time of birth? ☐ Yes ☐ No

If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No If yes, was paternity established by:

☐ signed acknowledgment, ☐ court order, ☐ other (please specify): _____

Is this child covered by the non-custodial parent's insurance policy as listed on page 3? ☐ Yes ☐ No

2. Child's name, last: _____ first: _____ middle: _____

Social Security Number: _____ Date of Birth: _____

City/county/state of birth: _____

Were the parents married to each other at the time of birth? ☐ Yes ☐ No

Was the mother married to another person at the time of birth? ☐ Yes ☐ No

If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No If yes, was paternity established by:

☐ signed acknowledgment, ☐ court order, ☐ other (please specify): _____

Is this child covered by the non-custodial parent's insurance policy as listed on page 3? ☐ Yes ☐ No

3. Child's name, last: _____ first: _____ middle: _____

Social Security Number: _____ Date of Birth: _____

City/county/state of birth: _____

Were the parents married to each other at the time of birth? ☐ Yes ☐ No

Was the mother married to another person at the time of birth? ☐ Yes ☐ No

If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No If yes, was paternity established by:

☐ signed acknowledgment, ☐ court order, ☐ other (please specify): _____

Is this child covered by the non-custodial parent's insurance policy as listed on page 3? ☐ Yes ☐ No

4. Child's name, last: _____ first: _____ middle: _____

Social Security Number: _____ Date of Birth: _____

City/county/state of birth: _____

Were the parents married to each other at the time of birth? ☐ Yes ☐ No

Was the mother married to another person at the time of birth? ☐ Yes ☐ No

If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No If yes, was paternity established by:

☐ signed acknowledgment, ☐ court order, ☐ other (please specify): _____

Is this child covered by the non-custodial parent's insurance policy as listed on page 3? ☐ Yes ☐ No

APPLICATION

I, _____, am applying for Child Support services provided by the State of Tennessee, through its Department of Human Services, Child Support Agency, and understand and acknowledge the following:

1. The Child Support attorney handling my case represents the State of Tennessee, not me personally.
2. The information that I supply is the source for any petition filed for me.
3. The Child Support office will act to enforce the non-custodial parent's legal Child Support obligations. If the Child Support office judges any action to be improper or unwarranted, it will not take that action.
4. If I give any information or testimony which a court finds to be false, the State may prosecute me for perjury.
5. If I get any money as the result of fraud on my part, I understand that the State may charge me with fraud. Also, the State may require me to pay back any money that I get through fraud.
6. The Child Support office does not promise the success of any action or results within a given time.
7. The services provided by the Child Support agency only include enforcing rights to Child Support, obtaining and enforcing health insurance orders, establishing paternity, and in some limited cases, obtaining spousal support. These services do not include actions involving custody, visitation and similar issues. If such issues are raised by the non-custodial parent, I understand that I must secure other representation.
8. Since anyone in the state may apply for Child Support services, this means the Child Support office may provide services to others whose interests conflict with mine.
9. The State does not charge anything for Child Support services, however, I must pay filing fees or court costs, if the court determines I am able to pay them.
10. If I have received AFDC in the past, any support collected each month over the current support owed each month will be kept by the State to repay AFDC paid to me.
11. If the children in this case get Medicaid, I must tell the Child Support office immediately.
12. If I get a private attorney to represent me in obtaining Child Support, I agree to tell the Child Support agency immediately.
13. My case will be submitted to the IRS Treasury Offset Program if it meets the following conditions:
 - A. A court or administrative agency has ordered the absent parent to pay support.
 - B. A copy of the order, and any changes to the order, are on file in the Child Support office. Also, there must be a copy of the court's payment record on file in the Child Support office. If there is no court payment record, I must give the Child Support office a signed affidavit of the amount owed by the absent parent.
 - C. The non-custodial parent must owe at least \$500.00 past due Child Support under such order.
 - D. The Child Support office has the Social Security Number (SSN) of the non-custodial parent.
14. I further understand that if my case is submitted for the IRS Treasury Offset Program:
 - A. There is no guarantee that moneys will be collected in my behalf. A Treasury Offset Program collection is possible through the Federal Tax Refund Offset Program only if the non-custodial parent files a tax return and is due a refund from the IRS.
 - B. If money is collected through this process, the State has the right to hold the refund for six months (if it involves a joint return) before sending any collections to me.
 - C. If I received AFDC, the State will keep part or all of the refund to repay any Child Support debt owed to the State.
 - D. I must repay any money that is sent to me in error or to which I am not otherwise entitled as a result of an overpayment. An overpayment includes a situation where the child support payment is made to the State by personal check or other means of payment that is later dishonored, as well as any amounts which the State must return to the IRS because the non-custodial parent's spouse filed an amended tax return. An overpayment also includes the amount of any payment received to which I am not entitled. I agree to allow the State to recoup, without notice to me, any overpayments out of future child support that it processes. In addition, I will sign any agreement required by the Department of Human Services for repayment of any such overpayments.
 - E. The State has the right to withhold amounts from future IRS offsets if I do not voluntarily repay amounts paid to me in error.
 - F. The IRS charges a fee up to \$25.00 for each collection made through the offset program. This fee will be deducted before I receive any collection.

I swear or affirm that the information I have provided in support of this application is correct, to the best of my information and belief. I will cooperate with the Department of Human Services and the local Child Support office in the matter. Further, I swear or affirm that I have read this affirmation and acknowledgment. I declare that I understand it fully and agree with the terms.

Signature

Date